

# Compounding Supervisor Notification Form For Hospital Pharmacies

Complete this form to add or remove compounding supervisors, (internal, external or contracted) and to identify the compounding method they supervise.

*A compounding supervisor is a Part A pharmacist or Part A pharmacy technician who develops, organizes and oversees all activities related to compounding, as assigned by the pharmacy manager or pharmacy department head.*

Hospital Information			
<b>A</b>	Owner/Corporation Name:		
	Hospital/Site Name:	Accreditation Number:	
	STREET ADDRESS	CITY	POSTAL CODE

Compounding Supervisor(s)						
<b>B</b>	Compounding Supervisor's Name	OCP Number	Compounding Supervisor of:			Effective Date <i>DD-MMM-YYYY</i>
			Non-Sterile (Level A, B, C)	Sterile Non-Hazardous	Sterile Hazardous	
	1)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	2)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	3)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	4)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	5)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	6)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	

Signature & Authorization																							
<p>As a Compounding Supervisor, I accept the responsibilities as outlined in the applicable National Association of Pharmacy Regulatory Authorities (NAPRA) Model Standards for Pharmacy Compounding of Non-Sterile Preparations and/or Model Standards for Pharmacy Compounding of Hazardous and/or Non-Hazardous Sterile Preparations.</p> <p>All newly identified Compounding Supervisors must acknowledge and sign below</p>																							
<b>C</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Compounding Supervisor's Name</th> <th style="width: 30%;">Compounding Supervisor's Signature</th> <th style="width: 20%;">Date Signed</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> I Agree</td> <td></td> <td></td> </tr> </tbody> </table>	Compounding Supervisor's Name	Compounding Supervisor's Signature	Date Signed	<input type="checkbox"/> I Agree																		
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Pharmacy Manager Authorization																							
<p>I hereby authorize the addition and/or removal of the compounding supervisor(s) listed above.</p>																							
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Submit completed form by email to [pharmacyapplications@ocpinfo.com](mailto:pharmacyapplications@ocpinfo.com), or fax to 416-847-8399, or mail to the attention of Pharmacy Applications & Renewals at 483 Huron St, Toronto, ON M5R 2R4